(e) if so, what are the main programmes that have been undertaken during the year 1994-95 for implementing such programmes?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) It is estimated about 2 lakhs persons are blind due to corneal disorders in India. Most of them can be cured through corneal transplantation. Presently about 14,000 eyes are collected annually and about 8,500 cornea grafting operation are done in India.

(c) The success of eye donation programme is sub-optimal in India because of socio-cultural factors, late reporting of death, poor transportation & communication facilities and limitation of availability of preservative media.

(d) and (e) Since 1986 a National Fortnight on eye donation is being observed every year from 25th August to 8th September to make a people aware about eye donation. Govt, also provides financial assistance for establishment and maintenance of eye banks in the country. During the year 1994-95, 10 additional eye banks in Govt, and 5 eye banks in voluntary sector are proposed to be set up and financed by Govt, of India.

Average deaths of children occurring daily due to malnutrition

2913. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the number of average daily deaths of children in the country due to malnutrition according to the estimation, if any, made by Government;

(b) what are the names of the States in which deaths of children due to malnutrition have shown increase stating the average number of daily deaths;

(c) what are the various programmes taken up so far to check deaths of children due to malnutrition and what according to the assessment, if any, are the shortcomings in the programme; and

(d) what strategy is contemplated by Government to bring down the daily death rate of children due to malnutrition?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) Reliable information on deaths due to malnutrition is not available.

(c) and (d) The Government has adopted National Nutrition Policy which contains a comprehensive approach to tackle problem of malnutrition in the country through a set of direct nutritional interventions for specially vulnurable groups and indirect policy instruments involving institutional and structural changes. .

The following schemes are being implemented as direct nutritional intervention for specially vulnerable groups:

(i) the Integrated Child Development Service;

(ii) Balwadi Nutrition Programme;

(iii) Scheme of creches/Day care Centres.

Raising of funds to achieve the targets of the programmes 'Health for All by 2000b A.D.'

2914. SHRI GOPALSINH G. SOLANKI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the targets set under the programme Health for All by 2000 A.D. are likely to be achieved;

(b) if so, the details thereof;

(c) the measures taken to achieve the targets;

(d) the funds sought from the international agencies to achieve the targets of the programme 'Health for All by 2000 A.D.';

(e) the actual financial outlay required; and

(f) the funds proposed to be raised from soruces within the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) to (c) Yes, Sir. The targets of important indicators like infants mortality rate, life expectancy at birth, Crude Death Rate, Immunization Goals are likely to be achieved. A huge network of rural health infrastructure comprising of 1,31,471 Sub-centres, 21,214 Primary Health Centres and 2321 Community Heralth Centres have been set up throughout the country to provide comperhensive health care in rural areas. Secondary and tertiory level hospitals, which are referral institutions, have been strengthened to provide specialised health facility to masses. Steps have been taken to control/eradicate communicable non-communicable diseases like Malaria, Tuberculosis, Leprosy, Blindness, AIDS and Cancer through National Health Programme. Emphasis has been given for Child Survival and Safe Motherhood Programmes including Immunization. Steps have been taken for development of Medical & Health Manpower as per changing needs of the country. Involvement of voluntary organisations/ NGOs etc. has been encouraged to provide comprehensive health care to the people.

(d) to (f) External assistance for Central Health Sector and Family Welfare Programme during 1993-94 and 1994-95 and outlays allocated are at statement *(See* below). Private and Voluntary sectors are supplementing the efforts of public sectors in providing health care services.

Statement

External assistance for central Health Sector

(Rs. in crores)

	1993-94		1994-95	
	Outlays Allocated	Of which Foreign Aid Component	Outlays Allocated	Of which; Foreign Aid Component
Health (Centre)	4S3.30	152.00	578.00	199.58
Family Welfare	1270.00	297.00		1430.00

Amount spent on advertisements by the Ministry of Health and Family Wefare

2915. SHRI MOHAMMED AFZAL *alias* MEEM AFZAL: Will the Minister of HEALTH AND FAIMLY WELFARE be pleased to state the details of the total amount spent by the Ministry on Advertisements given to the Newspapers direct or through DAVP etc. during the period 1992-93 and 1993-94 Language-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): DAVP released Advertisement on behalf of the Ministry of Health and Family Welfare to the tune of Rs. 1,55,44,036/- during 1992-93 and Rs. 2,18,95,557/- in 1993-94 respectively. The